



\* required information

**Section 1 of 9**

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	AB001096	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes     
  No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

**Applicant Details**

* First name	Barrie
* Family name	Stevenson
* E-mail	
Main telephone number	
Other telephone number	

Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader  
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

**Your Address**

Address official correspondence should be sent to.

* Building number or name	Foresters Arms
* Street	67 High Street
District	
* City or town	Swadlincote
County or administrative area	Derbyshire
* Postcode	DE11 8JA
* Country	United Kingdom

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**APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1)**

Have you had any previous or maiden names?

Yes  No

\* Your date of birth  /  /   
dd mm yyyy

Applicant must be 18 years of age or older

National Insurance number  This box need not be completed if you are an individual not liable to pay UK national insurance.

Place of birth

**Correspondence Address**

Is the address the same as (or similar to) the address given in section one?

Yes  No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name	The Craft Union Pub Company Ltd
Street	3 Monkspath Hall Road
District	
City or town	Solihull
County or administrative area	
Postcode	B90 4SJ
Country	United Kingdom

Continued from previous page...

### Additional Contact Details

Are the contact details the same as (or similar to) those given in section one?

Yes  No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

### Section 3 of 9

### THE PREMISES

I, the proposed user, hereby give notice under section 100 of the Licensing Act 2003 of my proposal to carry out a temporary activity at the premises described below.

Give the address of the premises where you intend to carry on the licensable activities or if it has no address give a detailed description (including the Ordnance Survey references). (See also guidance on completing the form, note 2)

\* Does the premises have an address?

Yes  No

### Address

Is the address the same as (or similar to) the address given in section one?

Yes  No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

* Building number or name	<input type="text" value="Foresters Arms"/>
* Street	<input type="text" value="67 High Street"/>
District	<input type="text"/>
* City or town	<input type="text" value="Swadlincote"/>
County or administrative area	<input type="text" value="Derbyshire"/>
* Postcode	<input type="text" value="DE11 8JA"/>
* Country	<input type="text" value="United Kingdom"/>

\* Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)?

Neither  Premises licence  Club premises certificate

* Premises licence number	<input type="text" value="LAPRE/0051"/>
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### Location Details

\* Provide further details about the location of the event

<input type="text" value="Within the usual demise of the premises."/>
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If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies, give a description and details below (see also guidance on completing the form, note 3)

Describe the nature of the premises below (see also guidance on completing the form, note 4)

Public House

Describe the nature of the event below (see also guidance on completing the form, note 5)

Christmas trading extended hours.

All conditions within current premises licence will be copied over to the TEN application

Pub will have door security for all extended hours, ensure ID checks are carried out

Friday 29th December 00:00 - 01:00 Friday into Saturday 30th December

Saturday 30th December 00:00 - 01:00 Saturday into Sunday 31st December

#### Section 4 of 9

#### LICENSABLE ACTIVITIES

State the licensable activities that you intend to carry on at the premises (see also guidance on completing the form, note 6):

- The sale by retail of alcohol
- The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club
- The provision of regulated entertainment
- The provision of late night refreshment
- The giving of a late temporary event notice

(See also guidance on completing the form, note 7).

Late notices can be given no later than 5 working days but no earlier than 9 working days before the event.

(See also guidance on completing the form, note 8).

#### Event Dates

There must be a period of at least 10 working days between the date you submit this form and the date of the earliest event when you will be using these premises for licensable activities.

State the dates on which you intend to use these premises for licensable activities

(see also guidance on completing the form, note 9)

Event start date

/  /   
dd mm yyyy

The maximum period for using premises for licensable activities under the authority of a temporary event notice is 168 hours or seven days.

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Event end date

/  /   
dd mm yyyy

State the times during the event period that you propose to carry on licensable activities (give times in 24 hour clock) (see also guidance on completing the form, note 10)

State the maximum number of people at any one time that you intend to allow to be present at the premises during the times when you intend to carry on licensable activities, including any staff, organisers or performers (see also guidance on completing the form, note 11)

Note that the maximum number of people cannot exceed 499.

If the licensable activities will include the supply of alcohol, state whether the supplies will be for consumption on or off the premises, or both (see also guidance on completing the form, note 12):

- On the premises only
- Off the premises only
- Both

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**RELEVANT ENTERTAINMENT (See also guidance on completing the form, note 13)**

State if the licensable activities will include the provision of relevant entertainment. If so, state the times during the event period that you propose to provide relevant entertainment

**Section 6 of 9**

**PERSONAL LICENCE HOLDERS (See also guidance on completing the form, note 14)**

Do you currently hold a valid personal licence?  Yes  No

Provide the details of your personal licence below.

Issuing licensing authority

Licence number

Date of Issue  /  /   
dd mm yyyy

Continued from previous page... Any further relevant details

**Section 7 of 9**

**PREVIOUS TEMPORARY EVENT NOTICES** (See also guidance on completing the form, note 15)

Have you previously given a temporary event notice in respect of any premises for events falling in the same calendar year as the event for which you are now giving this temporary event notice?

Yes

No

State the number of temporary event notices (including the number of late temporary event notices, if any) you have given for events in that same calendar year

5

Have you already given a temporary event notice for the same premises in which the event period:

a) Ends 24 hours or less before; or

Yes

No

b) Begins 24 hours or less after the event period proposed in this notice?

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**ASSOCIATES AND BUSINESS COLLEAGUES** (See also guidance on completing the form, note 16)

Has any associate of yours given a temporary event notice for an event in the same calendar year as the event for which you are now giving a temporary event notice?

Yes

No

Has any associate of yours already given a temporary event notice for the same premises in which the event period:

a) Ends 24 hours or less before; or

Yes

No

b) Begins 24 hours or less after the event period proposed in this notice?

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Has any person with whom you are in business carrying on licensable activities given a temporary event notice for an event in the same calendar year as the event for which you are now giving a temporary event notice?

Yes  No

Has any person with whom you are in business carrying on licensable activities already given a temporary event notice for the same premises in which the event period:

Yes  No

- a) Ends 24 hours or less before; or
- b) Begins 24 hours or less after the event period proposed in this notice?

#### Section 9 of 9

#### CONDITION (See also guidance on completing the form, note 18)

It is a condition of this temporary event notice that where the relevant licensable activities described in Sections 4 and 5 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user.

#### PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £21

#### ATTACHMENTS

#### AUTHORITY POSTAL ADDRESS

##### Address

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

#### DECLARATION (See also guidance on completing the form, note 19)

\* The information contained in this form is correct to the best of my knowledge and belief

Ticking this box indicates you have read and understood the above declaration

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This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

[REDACTED]

\* Capacity

LICENSING COORDINATOR

Date (dd/mm/yyyy)

4/10/23

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/temporary-event-notice/south-derbyshire/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.